

## TELEFAX COVER SHEET

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TO: Assistant Commissioner of PatentsFAX NO.: 703-746-7239FROM: EAMON J. WALLDATE: 1/8/02MATTER: Serial No. 09/911,591 Filed: 7/24/01DOCKET NO.: DIVA/151CON1APPLICANT: Taylor et al.

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

☐ Petition  
☐ Disclosure Statement & PTO-1449  
☐ Priority Document  
☐ Drawings (\_\_\_\_ sheets) informal  
☒ Preliminary Amendment

☐ Transmittal Letter (2 copies)  
☐ Fee Transmittal (2 copies)  
☐ Deposit Account Transaction  
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/911,591	
	Filing Date	7/24/01	
	First Named Inventor	TAYLOR	
	Group Art Unit	2152	
	Examiner Name	Not yet assigned	
Total Number of Pages in This Submission	6	Attorney Docket Number	DIVA/151CON1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks  The Commissioner is authorized to charge any underpayment or credit any overpayment of fees (including but not limited to any extension fees pursuant to 1.136(a)), to Deposit Account 50-1316. A duplicate copy of this transmittal is attached.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Eamon J. Wall, Reg. No. 39,414	
Signature	<i>E J Wall</i>	
Date	1/8/02	

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